

Reality of nurses in the care person with head and neck oncological wound: exploratory study

Realidade dos enfermeiros no cuidado da pessoa com ferida oncológica de cabeça e pescoço: estudo exploratório

Realidad de los enfermeros en el cuidado de persona con herida oncológica de cabeza y cuello: estudio exploratorio

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ABSTRACT

Objective: To know the reality of nurses in the nursing care for the person with head and neck oncological wound. **Methods:** Descriptive exploratory study with a qualitative approach. The semi-structured interview occurred in July 2017 with 12 nurses from a cancer reference center in south of Brazil. The data were submitted to the thematic analysis proposed by Minayo. **Results:** Nurses perform comprehensive care based on scientific knowledge to choose an appropriate therapy in the treatment of the wound. The permanent education and the existence of the specialized team facilitate the practice. The difficulties, when its appear, involve the therapeutic choice, the continuity of the home treatment and the control of the symptoms of the oncological wound. Nurses recognize its work as essential, rewarding and satisfying for bringing improved quality of life to people. **Conclusion:** The objective of the study was reached, highlighting the essential role of nurses and the benefits of continuing education. It is reaffirmed that a specialized team and a stomatherapist nurse are fundamental for the quality and resolution of nursing care for oncological wounds.

DESCRIPTORS: Nursing; Oncology; Stomatherapy; Nursing care; Head and neck neoplasias; Wounds and injuries.

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RESUMO

Objetivo: Conhecer a realidade dos enfermeiros no cuidado de enfermagem à pessoa com ferida oncológica de cabeça e pescoço. **Métodos:** Estudo exploratório descritivo com abordagem qualitativa. A entrevista semiestruturada ocorreu em julho de 2017 com 12 enfermeiros de um centro de referência oncológica do sul do Brasil. Os dados foram submetidos à análise temática proposta por Minayo. **Resultados:** Os enfermeiros realizam um cuidado integral com olhar ampliado baseado nos conhecimentos científicos para escolher uma adequada terapêutica no tratamento da ferida. A educação permanente e a existência da equipe especializada facilitam a prática. Já as dificuldades, quando aparecem, envolvem a escolha terapêutica, a continuidade do tratamento domiciliar e o controle dos sintomas da ferida oncológica. Os enfermeiros reconhecem seu trabalho como essencial, gratificante e satisfatório por trazer melhora da qualidade de vida às pessoas. **Conclusão:** O objetivo do estudo foi alcançado, destacando-se o papel essencial do enfermeiro e os benefícios da educação permanente. Reafirma-se que uma equipe especializada e uma enfermeira estomaterapeuta são fundamentais para a qualidade e resolutividade do cuidado de enfermagem para as feridas oncológicas.

DESCRITORES: Enfermagem; Oncologia; Estomaterapia; Cuidados de enfermagem; Neoplasias de cabeça e pescoço; Ferimentos e lesões.

RESUMEN

Objetivo: Conocer la realidad de los enfermeros en el cuidado de enfermería a persona con herida oncológica de cabeza y cuello. **Métodos:** Estudio exploratorio descriptivo con abordaje cualitativo. La entrevista semiestructurada se realizó en julio de 2017 con 12 enfermeros de un centro de referencia oncológica del sur de Brasil. Los datos fueron sometidos a análisis temático propuesto por Minayo. **Resultados:** Los enfermeros realizan un cuidado integral con una mirada amplia basada en los conocimientos científicos para escoger una adecuada terapéutica en el tratamiento de la herida. La educación permanente y la existencia de un equipo especializado facilitan la práctica. En cuanto a las dificultades, cuando las hay, incluyen la elección terapéutica, la continuidad del tratamiento domiciliario y el control de los síntomas de la herida oncológica. Los enfermeros reconocen su trabajo como esencial, gratificante y satisfactorio por llevar una mejora a la calidad de vida a las personas. **Conclusión:** El objetivo del estudio fue alcanzado, destacándose el papel esencial del enfermero y los beneficios de la educación permanente. Se reafirma que un equipo especializado y una enfermera estomaterapeuta son fundamentales para la calidad y resolución del cuidado de enfermería para heridas oncológicas.

DESCRIPTORES: Enfermería; Oncología; Estomaterapia; Cuidados de enfermería; Neoplasias de cabeza y cuello; Heridas y lesiones..

INTRODUCTION

Head and neck cancer consists of the process of mutation or abnormal activation of genes that control cell growth and division, causing them to occur disorderly in the region¹, especially affecting the face, oral cavity, pharynx, larynx, the nasal cavity, the paranasal sinuses, the thyroid, salivary glands and soft tissues of the neck^{2,3}. Of these regions of the body the most incidental are oral cavity, esophagus and larynx⁴.

The Brazilian Society of Cancerology (BSC) reports that 70% of patients diagnosed with this type of cancer are already in an advanced stage, and when diagnosed at an early stage, the possibility of cure reaches 80%³. In this way, the early detection of this type of cancer is essential to prevent the complications caused by the exacerbated proliferation of the cells.

Among these complications is the development of oncological wounds, which consists in the breakdown of skin integrity due to the infiltration of malignant

tumor cells into the cutaneous structures due to the uncontrolled proliferation of the cells generated by the process of oncogenesis⁵. Other factors that contribute to its development may be related to the side effects of cancer treatments, such as surgical and diagnostic procedures that may cause invasion of lymph nodes and implantation of tumor cells accidentally⁶.

Although there are few statistical studies about the incidence and prevalence of oncological wounds, it is known that the development of this type of wound can be found in 5 to 10% of people with some type of cancer, mainly in the head and neck, breast and skin⁷⁻⁸. This occurs because cancers involving the head and neck regions contribute most to the appearance of wounds in the presence of advanced disease, a situation directly related to late diagnosis and, most of the time, because of aggressive cancer and metastatic⁶.

The exteriorization of the tumor mass in the form of a wound, especially in the head and neck region, has an impact on people's lives due to their exposure and relation to esthetic, affecting socioeconomic, biological

and psychological factors through changes in body image, self-esteem, lifestyle and social relationships⁹. Thus, the person with a head and neck oncological wound needs multidisciplinary care, according to their biopsychosocial needs, and nursing care is essential in this process, especially during the healing^{6,7,10}.

The nurse, therefore, needs to act based on up-to-date knowledge according to the technological advances of the products available in the market, considering the characteristics of the wound and the clinical history. So, it can choose the appropriate therapy and, consequently, offer better quality in the care and improvement of the quality of life of these patients^{6,7,10}.

In view of the variety of technologies for the topical treatment of wounds and the difficult management of head and neck oncological wounds, the necessity for professionals to act with knowledge about the available materials to be used according to the clinical characteristics of the wound, considering the quality of life of the patient and the signs and symptoms of the underlying disease, as these will influence the therapeutic adherence chosen and the survival of these people^{6,7,9,10}.

Despite all the advances in the technologies for the care of the person with wounds, it is noticed that there is still a shortage of research, lack of training and deficiency of the nurses' training process^{6,7,11}. Likewise, the lack of knowledge about the characteristics to be identified in the assessment of wounds is high. This evaluation process can contribute to the early treatment of wounds, favoring the scar process and preventing the wound from developing and suffering a delayed scar process, causing a possible infectious process¹².

Based on the recognition of the existence of the difficulties experienced in the practice during the academic formation, and brought by the literature in the previously presented context, mainly for the clinical evaluation of nursing and the therapeutic choice in the care to the person with wound, as well as taking into account the complexity in the care of the person with head and neck oncological wound, this study is justified, which aims to know the reality experienced by nurses who deal directly with the care of this target audience, seeking to recognize the daily life of these professionals in a center of cancer reference.

Thus, the research question consists of: what is the reality of nurses in nursing care for people with head and neck cancer in an oncology reference center?

OBJECTIVE

To know the reality of nurses in the nursing care person with an oncological head and neck wound in an oncology reference center.

METHODS

This is an exploratory and descriptive research with a qualitative approach. The Center for Oncological Research (Cepon), a reference center for cancer treatment in the state of Santa Catarina, Brazil, and a reference of the World Health Organization (WHO) for palliative medicine in Brazil, was the study scenario.

The study's target audience was the institution's nurses who met the inclusion and exclusion criteria. The inclusion criteria consisted of working directly with the care of the person with head and neck oncological wound, performing the clinical evaluation of the oncological wound and the therapeutic choice of the healing. The exclusion criteria were to work for less than 6 months in the institution and be on leave, attestation and/or vacations at the time of data collection. A study sample of 12 nurses was obtained.

Data collection was performed through an interview with a semi-structured questionnaire, organized in two parts: the first one for the professional profile of the participants and the second one related to the nurses' work process, seeking the reality that these professionals experience in the care of people with cancer of the head and neck.

The interviews were realized in July 2017, lasting approximately 15 to 30 minutes, individually, at a place and time previously agreed with the participants. The audio recording of the interviews was later transcribed, and the letter E followed by the whole and sequential number (E1, E2, E3, etc.) was used to identify the participants.

The analysis of the data was performed through the thematic analysis proposed by Minayo composed of three stages: pre-analysis, analysis and interpretation of the data. Thus, after transcribing the information in its entirety, the material was read, and the information explored, selecting the sense nucleus and the synthesis words from which the study categories emerged.

The research consists in one of the stages of the project “The accomplishment of the healing in the care of the person with head and neck oncological wound: an approach to the permanent education of nurses”, approved by the Human Research Ethics Committee of the Federal University of Santa Catarina under opinion n°. 2.054.577 and CAAE n°. 67488117.4.0000.0121 in conjunction with the Research Ethics Committee of Cepon under opinion n°. 2.098.737 and CAAE n°. 67488117.4.3001.5355, and the determinations of Resolution n°. 466/2012 of the National Health Council regarding research with human beings. The research only happened after clarification on the general information of the project and the signing of the Term of Free and Informed Consent (TFIC) by the participants.

RESULTS

The participants’ age ranged from 29 to 46 years, with graduation time of 5 to 22 years and service period of 1 to 14 years, women predominance and postgraduate training, with the majority with specialization and one with master’s degree completed. Of these nurses, four works in the outpatient clinic and eight in the hospitalization units. Data analysis allowed the formation of two categories: evaluation of the person with head and neck oncological wound as the focus of nursing care and the perception of the nurse in the care of the person with head and neck oncological wound.

Evaluation of the person with head and neck oncological wound as the focus of nursing care

In this category, it is noticed that the nurse, in its care practice, must follow some principles to base its therapeutic choices during the accomplishment of the healing for person with head and neck oncological wound. Therefore, scientific knowledge and clinical reasoning should be used to observe and evaluate the characteristics of the wound to choose the appropriate therapeutic product, considering the availability of materials offered by the service institution.

I will choose as the injury presents itself and depending on the products we have. Based on my knowledge and the courses we have already taken. (E3)

For better evaluation, the professional must consider the etiology of the wound, the history of the patient, its clinical conditions and the type of therapy. These aspects will allow the continuity of cancer treatment, as its directly influence this care.

I evaluate the skin, I see what chemotherapy and radiotherapy is doing, whether it is doing it or not. What degree of healing, to know which therapy to use it. Evaluate if it will continue in radiotherapy, because we cannot treat the injury, we only use a product for burn, and then we are evaluating the wound. In contrast, radiotherapy greatly favors granulation. (E8)

Other related aspects that deserve to be highlighted are the environment where the patient is inserted and the continuity of the treatment at home, considering the availability of the products for this care, the reference to the basic health unit and the guidelines for the patient and family.

First, we know the patient a lot, the conditions that the patient will have to continue the treatment at home. I see who can take care of this healing. Because depending on where the wound is, it needs the help of someone else. If it needs, we’ll contact the health post to see if it can continue this healing. We also take care of the environment that will be realized the healing, we do not always have their own places, but if it is a large healing that is contaminated, it smells great, I try to be using a specific place. (E7)

Regarding the difficulties in the healing management, most nurses report having no difficulties, however, they need the support and assistance of a specialized team.

Usually not here. If it has, we ask for the support of M., who is a stomatherapist. So, we end up resorting to it when it does. (E2).

When the difficulty arises, it is generally associated with the therapeutic selection for some specific characteristic presented by the oncological wound or when modifying the therapeutic conduct that was being used.

Sometimes in choosing the product. Often, we turn to another professional who deals with wounds to get some doubt. (E10)

Difficulty in noting when to change the product. Because we think we must keep the coverage improving, and one of the things we see is that sometimes it's time to change the product of the injury. (E6)

Another difficulty refers to the offer of products and the financial conditions of the patient to buy the materials and give continuity to the care at home, since the treatment is for a long period. In addition, there is a constant lack of quality materials in primary health care.

One difficulty is that we cannot provide the material and the patient cannot afford it. And oncological healings are used for months. And the health post does not have this kind of material to provide and give continuity. (E8)

The difficulties with odor and bleeding care, which are the main features of the head and neck oncological wound, are also highlighted and may be vital for the treatment of this type of wound, generating serious complications that may aggravate the clinical picture.

Sometimes the oncological wound, especially the head and neck, has a lot of odor and bleeding, so my fear is to bleed, it has all that part of solving the bleeding issue, and I'm very scared of it. (E9)

Among the facilities indicated by the nurses are the varied availability of products in the institution, groups of curative studies and the support obtained by the nursing team to assist in the evaluation and therapeutic choice of wounds. They also highlighted the freedom to work to realize the practices and the ability to work as a team, obtain the support of other health professionals and realize a multidisciplinary care.

Of facilities we have our stomatherapist nurse that gives a support for us. Facility of having a lot of material for healing and frequent training in relation to injuries. (E3)

We feel very comfortable here as a nurse, in evaluation and in the conduct of conducts. Even with the medical team, when we have any doubts, we end up asking them for some opinion. Because we work as a team, when we have doubts, we ask a colleague who is more time, we do it together. (E11)

Therefore, it is perceived that professionals recognize the importance of integral care to perform wound evaluation with quality, as well as important factors related to working and institutional conditions that facilitate their work process. Already the difficulties, although they exist, are little highlighted, due to the support of a support team and the process of permanent education in force in the institution.

Nurses' perception of care of the person with a head and neck oncological wound

This category aims to show the nurses' vision on the performance of their work, focusing on their feelings, their perception and their point of view. It should be emphasized that the nurse has a great responsibility in the care of the person with a head and neck oncological wound, since it must perform an integral care, considering the biopsychosocial issues and the orientations in the home care to the patient and their relatives, providing quality of life and well-being.

As an oncological nurse, I see beyond the wound, because a wound does not heal on its own, it need to try to encourage that healing because it is already having several factors that will make it difficult. So, I think we have a great responsibility, we are very important in this orientation process. We may not be able to close, but it will enable the patient to live with it. (E7)

We do our best so that, even in the final moments of life, they have a good quality of life. (E12)

The role of nurses is crucial because they are dealing with skin care that directly interferes with the appearance of these people, causing various biopsychosocial factors to be mobilized in this process.

It is very important because it is taking care of the person's skin. They really want to look in the mirror. They get those big bandages that generate a lot of anxiety to know how the injury and the appearance is. I think the nurse is fundamental in this process. (E6)

The nurses' work is recognized by the favorable clinical evolution of the wound and the improvement of

the patient, who appreciates the result of a quality and resolute work.

Satisfaction. Because we can get the patient to advance in the prognosis, diagnosis or improvement of the injury. The best thing is when, even in a weak state, it can look at and thank. Because we managed to pass on to it calmness and tranquility, and when it receives a thank it from people who often cannot even speak, sometimes through a look, a touch! (E9)

Professionals, therefore, perceive the importance and responsibility of their work, focusing on improving the patient's quality of life. In this sense, a differential in the care provided is observed, which is realized considering integral and resolute care by involving biopsychosocial and economic aspects.

DISCUSSION

Care with oncological wounds is extremely difficult due to the degree of complexity of the clinical condition of this patient, and for this reason requires a dynamic, complex and specialized care process¹³. For this, the nurse must know how to perform nursing care for the person with head and neck oncological wound, especially those related to the wound, since, among the attributions established in Cofen Resolution n° 501/2015, this professional has autonomy in the prevention, implementation of treatment and rehabilitation in the care of people with wounds¹⁴.

The nurse has the responsibility to make the healing, acting in the prevention, evaluation and indication of the appropriate treatment of the wound, according to the characteristics. For this, it needs scientific knowledge, to be aware of the topical therapies available to adapt them to the economic reality of the patient^{7,14,15}.

The therapeutic choice should be made through scientific knowledge and clinical reasoning of the nurse. According to Santos et al.¹², the nurse "must be equipped with the technical knowledge and competence to identify, evaluate and treat these oncological wounds, providing an individualized and integral assistance to the holder and its family."

Thus, in this study, the profile of a nurse, increasingly focused and committed to updating and performing the

care using proven scientific techniques, aiming at offering a better service quality and recognition of the profession is observed. This process of transformation occurs due to changes in education and modern society that require more and more competent professionals and stand out through the autonomy to solve problems in the practice of care. This occurs when the professional stops using the isolated technical reasoning and associates it with the scientific evidence, such as new trends and perspectives, combining technical-scientific knowledge, humanization and individualization of care^{13,16}.

In the assessment of the person with head and neck oncological wound, it is necessary to make a clinical judgment about the pathophysiological evolution of each person and to know the factors that influence the therapeutic process after planning the nursing care, guiding the patients for self-care and family members or caregivers to provide care, as well as record the activities performed¹⁷.

In this study, professionals also present this differentiated look by not focusing on the therapeutic choice only in the evaluation of wound characteristics, such as the types of tissues and exudates present. They take into consideration the etiology, the history of the patient, the clinical conditions and the type of therapy used to treat cancer that may influence the treatment of the wound. Thus, the importance of assessing the clinical conditions of the patient is perceived, since the intrinsic, extrinsic and local factors interfere directly in the treatment^{8,15}.

Another aspect is related to the care with the environment where the healing will be performed in the institution, as well as its continuity at home. Thus, the patient's family, social and financial conditions must be considered. The health conditions and lifestyle of the patient, which includes the home, work, family and financial resources, directly affect the activities performed¹⁸. In this sense, the therapeutic choice will be in accordance with the economic conditions of the patient or with the availability of the products offered in the institution, guiding the patient and the family to perform these care or to perform them in the basic units.

It is evidenced that the participants of this study have a humanized and concerned look at the continuity of care for patient recovery. It seeks the integrality and the improvement of the quality of life, essential during

the accomplishment of the nursing care to the people with oncological wounds¹⁷.

On the other hand, the main difficulties are lack of experience and specific training, lack of knowledge and technical competence, and lack of interdisciplinary discussion and permanent education in the institution for action in the area^{6,7}. In this research, however, participants stated that they did not have difficulties to perform the healing because they received support from the stomatherapist nurse and the work team, as well as the fact that the institution offered courses and training in its permanent education program.

When questioned, however, they report that, when discussing with the team about the decisions, these are, in most cases, focused on the choice of therapy to be used, on the identification of the moment of therapeutic change, on the availability of the product for continuity of home care and the management of odor and bleeding, showing difficulty in therapeutic management, although they have been cited as non-existent.

It is noticed, therefore, that the professionals do not recognize their difficulties in the work process, because they sustain on the existence of a support team. Despite being a strong point of the institution, this fact can be generated by the professional's insecurity in taking its own conduct alone, because, despite having knowledge about the subject, the connection with the specialized team is always maintained, overloading it, instead it should act only in specific cases.

In this sense, the organization, the structure of the service, the therapeutic choice and the availability of the products are difficulties faced by the nurses^{7,8,11}. It should be emphasized that the institution has several products for the treatment of the wound in the institution, but not enough for all patients to take home when there is no offer of the product in the primary health care. This situation is pointed out as a difficulty for the continuity of care with the head and neck wound in the home and it is reported when they mention that the health units lack of material and medicated resources for the treatments⁷.

The odor and bleeding cited as difficulty in performing the healing are important aspects, since they present characteristics that differentiate oncological wounds from others and that can unleash self-image disturbances and social problems, mainly due to their location¹⁹. At no time, however, emotional issues were reported as difficulty in caring for these patients.

According to the integrative review of Santos et al.¹⁶, the generalist graduation curriculum is insufficient for oncological care, due to the limited knowledge offered in the training, most of whom only have contact with the subject in their work environment, which causes difficulties in the provision of services. Regarding nursing care for people with oncological wounds, it is no different: the professionals' difficulties are also related, mainly, to the lack of researches worldwide, the lack of training and the deficiency of the training process, which causes difficulties in the management of care practice due to the lack of standardization for the healing, making the professionals employ knowledge of wounds in general when dealing with a person with oncological wound^{6,7,11}.

The facilities are mainly related to the routine of the institution, and can be verified, through the reports, the availability of products in the institution, the possibility of daily clinical evaluation of the wound, by the offer of updates and training by the institution itself, freedom to take and again, the support of the team. Autonomy consists of decision making through conscious clinical reasoning and can be stimulated through an environment with freedom in the conduct of work, since it enables autonomy development and nurses' empowerment^{20,21}. Although there is a contradiction when referring to autonomy, because they are conditioned to the opinion of the stomatherapist nurse practitioner in decision making, it is necessary to understand that having autonomy does not mean having total control of their professional actions, but recognizing their capabilities and limitations, being free to perform decisions and their own choices in the face of multidisciplinary work, using scientific knowledge and taking responsibility for their conduct^{21,22}.

Nurses have the perception about their service represented as a job with great responsibilities, which are mainly attributed to the provision of nursing care in diagnostic evaluation, treatment, rehabilitation and patient and family care. In this sense, the adequate therapeutic choice for the evolution of the wound and improvement of the quality of life of the patients makes this care extrapolate the limits of the disease²³.

The nurse also plays a fundamental role in helping to control the psychological effects in this patient. This point is essential for the treatment of the patient and shows a diversified and sensitive view of nurses considering the biopsychosocial aspects, especially the patients with head and neck oncological wound.

To this end, this professional should perform a humane and unique care, offering psychological support to patients, who, in addition to having to deal with a life-threatening illness and the impacts of treatment, must face changes in the functional and esthetics. The change in self-image affects social relationships and the execution of daily activities, but also brings with it the continuous view of its clinical picture, referring to the meaning of ineffective treatment, disease progression and even death²⁴.

As a limitation, it is pointed out that this study was performed in a single health institution, although it is a reference for the treatment of cancer in the region of Santa Catarina, which exclusively serves the Unified Health System.

The recommendations are to extend this study to other institutions, to check the potentialities and weaknesses in relation to the care of the person with head and neck oncological wound, as well as to investigate the therapeutic itinerary and quality of life of this patient, in order to that the line of care that is being drawn today is analyzed and discussed.

CONCLUSION

The objective of the study was reached, and it is perceived that nurses have an essential role in this care,

performing quality care through practice based on scientific evidence. For this, the study shows the benefits that the permanent education program brings to nurses' care, aiming at the best resolution of the problems experienced in practice.

It is reaffirmed that the existence of a specialized team to care for the person with wounds, with the availability of a stomatherapist for evaluation and clarification of the doubts of the team, is essential so that this care is resolute and of quality.

AUTHOR'S CONTRIBUTION

Conceptualization, Vicente C; Amante LN; dos Santos MJ; Girondi JBR and da Rosa LM; Methodology, Vicente C and Amante LN; Formal Analysis, Vicente C; Amante LN and dos Santos MJ; Investigation, Vicente C; Amante LN and dos Santos MJ; Data curation, Vicente C; Amante LN and dos Santos MJ; Writing – First Version, Vicente C and Amante LN; Writing – Revision & Edition, Vicente C; Amante LN; dos Santos MJ; Girondi JBR and da Rosa LM; Supervision, Amante LN and dos Santos MJ; Project Management, Vicente C and Amante LN.

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